



GWINNETT ARCHAEOLOGICAL RESEARCH SOCIETY

MEMBERSHIP FORM

Date: _____ 20__

Membership Type: Student (\$8) Individual (\$15) Family (\$20)

Name: _____

Eligible Family Members: _____

Address: _____

Phone Numbers: _____

H: _____

W: _____

C: _____

Email Address: _____

Emergency Contact: _____

Name: _____

Phone: _____

Relationship to you (e.g.; mother, friend, roommate): _____

Volunteer Opportunities:

I would like to volunteer for the following

<input type="checkbox"/>	Events (Frontier Faire, etc.)	<input type="checkbox"/>	Artifact processing	<input type="checkbox"/>	Buildings and Grounds
<input type="checkbox"/>	Educational Program	<input type="checkbox"/>	Excavation Supervision	<input type="checkbox"/>	Graphics
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Marketing/PR	<input type="checkbox"/>	Other

Please comment on special talents and interests that might be applicable:

Signature: _____

Please make check or money order payable to GARS (Gwinnett Archaeological Research Society). Mail form with check or money order to: GARS Membership, 2505 Braselton Hwy, Buford, GA 30519.